DCH/LPS-500 (05/04)

Michigan Department of Community Health
Board of Psychology
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

RELICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Psychology. Questions regarding your application can be directed to the Michigan Board of Psychology at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, the applicant's signature and date will be returned.

GENERAL INSTRUCTIONS FOR A FULLY LICENSED PSYCHOLOGIST

1. Type or print legibly on all forms and send original application, with the proper fee, to the Board of Psychology. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. Completed license verification forms must be received from every state in which you hold or have ever held a permanent Psychology license.

3. If your license expired more than 3 years ago and you are not currently licensed in another state, you must take and pass the EPPP. Registration materials for the EPPP will be sent to you about 2-3 weeks after your relicensure application and fee are received.

GENERAL INSTRUCTIONS FOR A MASTER'S OR DOCTORAL LIMITED LICENSED PSYCHOLOGIST

1. You must submit the application for relicensure with the appropriate fee.

2. Completed license verification forms must be received directly from every state in which you hold or have ever held a permanent Psychology license.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Psychology in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Psychology in writing to request a refund.

ORIGINAL LICENSES AND RE-LICENSURES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD, WITH THE EXCEPTION OF THE DOCTORAL LIMITED LICENSE THAT IS RENEWED ON A YEARLY BASIS.

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Board of Psychology
P.O. Box 30670
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(517) 335-0918

DCH/LPS-400 (05/04)

Board Use Only
License Number
Date of Licensure

APPLICATION FOR RELICENSURE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ **Relicensure Fee: $170.00 71-6301-06**
- ☐ **Doctoral Limited Relicensure Fee: $110.00 71-6301-06**
- ☐ **Master's Limited Relicensure Fee: $140.00 71-6301-06**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Has your Michigan psychology license been lapsed more than three years? ☐ No ☐ Yes		

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check

1. Have you ever been convicted of a felony?	☐ Yes	☐ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes	☐ No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	☐ Yes	☐ No
4. Have you been treated for substance abuse in the past 2 years?	☐ Yes	☐ No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	☐ Yes	☐ No
6. Have you had one or more settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☐ No

Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No

List the state(s) in which you hold or have ever held a license or registration for your profession, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure or registration directly to this board office. (Attach additional sheets if necessary.)**

State	License Number	Date of Issue	How obtained (Endorsement or examination)

Check appropriate box and complete as indicated.

☐ Master's Limited License - Complete application and submit relicensure fee.

☐ Doctoral Limited License - Complete application and submit relicensure fee. **Please note that you may not hold a doctoral limited license for more than a total of five years. If you have already held a doctoral limited license for five years, you are not eligible for relicensure.**

☐ Full License - Complete application and submit relicensure fee. If your license has been expired for **MORE THAN THREE YEARS**, you must also check the appropriate box and follow the instructions listed below:

☐ **I DO HOLD** a current license as a psychologist in the state of

____

☐ **I DO NOT HOLD** a current license to practice psychology in another U.S. **Jurisdiction** and, therefore, must take and pass the EPPP examination.

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

OHS/HLD-001 (01/04)

Michigan Department of Community Health

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

❐ Chiropractic	❐ Nursing	❐ Pharmacy	❐ Sanitarians
❐ Counseling	❐ Nursing Home Adm.	❐ Physical Therapy	❐ Social Work
❐ Dentistry	❐ Occupational Therapy	❐ Physician's Assistants	❐ Veterinary
❐ Marriage & Family Therapy	❐ Optometry	❐ Podiatry	
❐ Medicine	❐ Osteopathy	❐ Psychology	

First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Basis for Issuance of License: ❐ Examination - Please indicate type of exam (National, Regional, State, etc.) ❐ Endorsement - Please indicate name of state		Type of License:
License Status ❐ Current ❐ Lapsed ❐ Inactive	Original Issue Date	Expiration Date

Has the applicant incurred any formal or informal actions in your State?

❐ No ❐ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending? ❐ No ❐ Yes	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked? ❐ No ❐ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature **Date**

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.